

# 2500 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076787

1. Entity Name

ACCARDO ADVERTISING AND PROMOTIONS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 28 AM 8:11

Principal Place of Business

649 5TH AVE  
STE 201  
NAPLES FL 34102-6601

Mailing Address

9070 BONITA BEACH RD.  
BONITA SPRINGS FL 24135

2. Principal Place of Business

950 N. Collier Blvd

Suite, Apt. #, etc.

STE 414

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Address

950 N. Collier Blvd

Suite, Apt. #, etc.

STE 414

City & State

Marco Island, FL

Zip

34145

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0859423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME CARMIGNANI, A. BROOKS ☒ Delete  
STREET ADDRESS 9070 BONITA BEACH RD.  
CITY-ST-ZIP BONITA SPRINGS FL 24135

TITLE D  
NAME CARMIGNANI, A. BROOKS ☒ Change ☐ Addition  
STREET ADDRESS 950 N. Collier Blvd STE 414  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ~~CARMIGNANI, A. BROOKS~~ ☐ Delete  
NAME ~~950 N. Collier Blvd STE 414~~  
STREET ADDRESS ~~MARCO ISLAND, FL 34145~~  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 300003441213-7  
STREET ADDRESS --10/26/00--01103--011  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Angelo Brooks (CARMIGNANI) 9/27/00 941 642017  
Date Daytime Phone #

CR2E034 (5/00)